

CRATER FOUNDATION

AUTHORIZATION FOR ELECTRONIC TRANSFER

() START 3RD OF EACH MONTH

() START 17TH OF EACH MONTH

I, _____, authorize the **Crater**

Foundation to transfer an amount once each month and forward said funds as follows:

Personal Account: Name of Financial Institution _____
Account No. _____ Type _____
Savings or Checking

Bank Routing/Transit No. _____

“Routing/Transit No. are the first numbers on your checks between the smiley face three dots”. Instead of listing the numbers, you can attach a voided check.

Amount to be withdrawn: _____

Donor Signature

Date

Date to Begin

Please mail to: CRATER FOUNDATION, P.O. Box 5172, Central Point, OR 97502

This automatic deduction contribution will continue until we are instructed in writing 30 days in advance to change the amount of the contribution or to terminate the contribution.

Please notify the Crater Foundation if you change financial institutions.

All private information including name, financial institution and account number will remain strictly confidential.

The Crater Foundation is recognized by the State of Oregon as a non-profit organization and has tax exempt status under IRS section 501(C)(3). The Foundation tax identification number is 93-1076130.